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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | Application of Docket Number | | |
|---|---|---|--------------|---|---|------------------------------|------------------------|------------------------------|----------------------------|------------------------|
| CLAIMS AS FILED – PART I (Column 1) (Column 2) | | | | | | SMALL ENTITY | | OR | OTHER THAN SMALL ENTITY | |
| FOR NUMBER FILED | | | NUMI | NUMBER EXTRA | | FEE |] | RATE | FEE | |
| BASIC FEE (37 CFR 1.16(a)) | | | | | RATE | | İ | IVAIL | | |
| TOTAL CLAIMS | | | | | l l | \$ | OR | | \$ | |
| | 7 CFR 1.16(c)) DEPENDENT CLA | IMS | minus 2 | 0 = 1 | | × \$= | | OR | x \$= | |
| | 7 CFR 1.16(b)) | | minus 3 = | | | X \$= | | OR | × \$= | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) | | | | | | + \$= | | OR | + \$= | |
| If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | TOTAL | | OR | TOTAL | |
| | C | LAIMS AS AI | MENDEC |) – PART II | | | | | | |
| | (Column 1) (Column 2) (Column 3) | | | | SMALL. | SMALL ENTITY | | OTHER THAN SMALL ENTITY | | |
| AMENDMENTA | 10.11 | CLAIMS | | HIGHEST | DDECENT | | " | | SWALL | ENTIT |
| | 11/01/14 | REMAINING AFTER | | NUMBER PREVIOUSLY | PRESENT EXTRA | RATE | ADDI- TIONAL | | RATE | ADDI- TIONAL |
| | Total | AMENDMENT | Minus | PAID FOR | = | | FEE | | <u> </u> | FEE |
| | (37 CFR 1.16(c)) Independent | 100 | | 90 | | × \$= | | OR | × \$ | |
| | (37 CFR 1,16(b)) | 5 | Minus | 12 | | x \$= | | OR | x \$= | |
| ⋖ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | + \$= | | OR . | +\$ = | |
| | | | | | · · · · · · · · · · · · · · · · · · · | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | |
| | (Column 1) (Column 2) (Column 3) | | | | | ' | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total (37 CFR 1.16(c)) | • | Minus | ** | = | x \$ = | | OB | v e - | |
| | Independent (37 CFR 1.16(b)) | • | Minus | *** | = | | | OR | X \$= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | X \$= | | OR | X \$= | |
| | | | | | | +\$ = TOTAL | | OR | + \$ = TOTAL | |
| | | (Caluma 4) | | (0.1 | , <u>.</u> | ADD'L FEE | | OR | ADD'L FEE | |
| | | (Column 1) CLAIMS | | (Column 2) HIGHEST | (Column 3) | г | | ı | | |
| AMENDMENT C | | REMAINING AFTER AMENDMENT | | NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL |
| | Total (37 CFR 1.16(c)) | * | Minus | ** | = | x \$ = | | 05 | V | FEE |
| | Independent (37 CFR 1.16(b)) | * | Minus | *** | = | | | OR | X \$= | |
| AM | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | | | OR OD | X \$= | |
| | | | | | | + \$ = TOTAL ADD'L FEE | | OR OR | + \$ = TOTAL | |
| | * If the entry in co | olumn 1 is less tha Number Previousl | in the entry | in column 2, write | e "0" in column 3 | L | | OR | ADD'L FEE | |
| ** | it the "Highest N | lumber Previously | Paid For | IN THIS SPACE I | is iess than 20, e s less than 3, en | nter "20". ler "3". | | | | |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.